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Bib Data Sheet

CONFIRMATION NO. 8321

<b>SERIAL NUMBER</b> 09/683,249	<b>FILING DATE</b> 12/05/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> S63.2-10014
<b>APPLICANTS</b> Michael John Stephen Austin, Tuam, IRELAND;				
<i>MT</i> <b>** CONTINUING DATA *****</b> <i>none</i>				
<i>AN</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 33
				<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> 490				
<b>TITLE</b> Combined balloon-expanding and self-expanding stent				
<b>FILING FEE RECEIVED</b> 1646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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